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DLN: 93493228031712

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public

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Department of the Treasury

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knowledge.

Sign Here

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Preparer's

Use Only

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service **Inspection** A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011 D Employer identification number Name of organization B Check if applicable Center for Responsible Lending Address change 74-3043913 Doing Business As E Telephone number Name change (919) 313-8500 Initial return Number and street (or P O box if mail is not delivered to street address) **G** Gross receipts \$ 7,906,750 302 W Main Street Terminated City or town, state or country, and ZIP + 4 Durham, NC 277013227 Amended return Application pending Name and address of principal officer $\mathbf{H}(\mathbf{a})$ Is this a group return for Michael D Calhoun affiliates? 302 W Main Street Durham, NC 27701 H(b) Are all affiliates included? If "No," attach a list (see instructions) **▽** 501(c)(3) **┌** 501(c) () **◄** (insert no) Tax-exempt status ☐ 4947(a)(1) or ☐ 527 Group exemption number 🕨 H(c) **Website: ►** www.responsiblelending.org K Form of organization
✓ Corporation
☐ Trust
☐ Association
☐ Other
▶ L Year of formation 2002 **M** State of legal domicile NC Summary Part I Briefly describe the organization's mission or most significant activities

Protect economic opportunity by conducting research, and providing education and technical assistance regarding predatory lending and other abusive financial practices that deplete the wealth of low-income and minority families and communities

Check this box 🔰 if the organization discontinued its operations or disposed of more than 25% of its net assets

Number of voting members of the governing body (Part VI, line 1a)

Number of independent voting members of the governing body (Part VI, line 1b) .

5	5 T	otal number of individuals employed in calendar year 2011 (Part V, line 2a) .		5	0
асим	6 ⊺	otal number of volunteers (estimate if necessary)		6	
•	7a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0
	Ь١	Net unrelated business taxable income from Form 990-T, line 34		7b	
			Prior Year		Current Year
	8	Contributions and grants (Part VIII, line 1h)	7,837,	169	7,813,781
Revenue	9	Program service revenue (Part VIII, line 2g)	69,	010	73,500
eve eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	34,	543	11,471
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,9	937	7,998
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,962,7	759	7,906,750
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,674,9	904	1,125,002
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			0
<u>8</u>	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) ►272,496			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,560,6	587	7,009,423
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	11,235,	591	8,134,425
	19	Revenue less expenses Subtract line 18 from line 12	-3,272,8	332	-227,675
Met Assets or Fund Bafances			Beginning of Curre Year	nt	End of Year
98.4g	20	Total assets (Part X, line 16)	4,330,4	126	4,205,309
4 E	21	Total liabilities (Part X, line 26)	188,	004	290,562
žZ_	22	Net assets or fund balances Subtract line 21 from line 20	4,142,4	422	3,914,747
Par	t II	Signature Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any

May the IRS discuss this return with the preparer shown above? (see instructions)

<u>Deborah Goldstein Chief Operating Officer</u> Type or print name and title

Signature of officer

signature

Firm's name (or yours if self-employed), address, and ZIP + 4

Check if

employed 🕨 🔽

2012-08-15

Phone no

Date

┌ Yes ┌ No

Preparer's taxpayer identification number

Par		nt of Program Serv				
1	Briefly describe t	he organization's missior	1			
		tunity by conducting resoractices that deplete the			chnical assistance regarding p milies and communities	redatory lending and
2		on undertake any signific O or 990-EZ?				Yes 🔽 No
	If "Yes," describe	these new services on S	chedule O			
3		on cease conducting, or			ducts, any program	Yes 🗸 No
	If "Yes," describe	these changes on Sched	ule O			
4	expenses Section	n 501(c)(3) and 501(c)(4) organizations a	nd section 4947(a)(ee largest program services, a 1) trusts are required to report n program service reported	
4a	(Code) (Expenses \$	4,066,945 ı	ncluding grants of \$	1,125,002) (Revenue \$	4,555)
	and community grou		ites and at the federa	al level Primary focus wa	n abusive lending issues and propose s on policies and market changes tha	
	(Code) (Expenses \$	1,242,171 ı	ncluding grants of \$) (Revenue \$	7,500)
	a cycle of debt near including impact on s revealing abusive ma	400 annual interest showing t specific geographies, racial, an	nat the US is not ev d ethnic demographic n the programs contir	en halfway through the fo cs exploring the effects of	loans to customers, stripping funds fi preclosure crisis and describing the so new opt-in rules for overdraft progra successful impact of the CARD Act ref	ope of the foreclosure crisis
	(Code) (Expenses \$	1,609,008 ı	ncluding grants of \$) (Revenue \$	66,000)
	among national, stat Presented at approxi	ewide, and local groups, e g imately 120 workshops and co	cıvıl rıghts, faith-base nferences, educatıng	ed, and other grassroots o thousands of individuals	s, checking account abuses, and sma rganizations Helped predatory lendin about abusive financial services Com ing CRLs research and policy work	g victims address complaints
	Other program s	ervices (Describe in Sch	nedule O N			
TM	(Expenses \$	·	luding grants of \$) (Revenue \$)
 4е	Total program se	rvice expenses►\$	6,918,124		·	
		#	- / /			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		N o
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		N o
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		N o
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			_
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section $512(b)(13)$?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2011)

	· ·
Part V	Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
1a 22			
Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	1c	Yes	
Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
3			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
	За		No
	3b		110
At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities	4a		No
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo
were not tax deductible?	6b		
Organizations that may receive deductible contributions under section 170(c).			
services provided to the payor?	7a		No
	7b		
	7c		Νo
			No
If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			No
If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	8		
	0-		
-			
	70		
Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
Section 501(c)(12) organizations. Enter			
Gross income from members or shareholders			
Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
1 12h l			
year			
Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	13a		
Enter the aggregate amount of reserves the organization is required to maintain by			
Enter the aggregate amount of reserves on hand			
	142		NI o
If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		No
	Enter the number of Forms W-2G included in line 1a. Enter-0- If not applicable 10 0 0 Did the organization comply with backup withholding rules for reportable gayments to vendors and reportable gaining (gambing) withing to prize withholding rules for reportable gayments to vendors and reportable gaining (gambing) whiching to prize withholding rules for reportable gayments to vendors and reportable gaining (gambing) whiching to prize when gaining the control of the called report and gaining the control of the called reportable gaining (gambing) whiching to prize when gaining the return of the gaining the	Enter the number of forms W-2G included in line 1a. Enter-0-if not applicable 1b. 0 Did the organization comply with backup withholding rules for reportable payments to ventions and reportable gament (gameling) winnings to prize winners? 1c. Enter the number of employees reported on form W-3, Transmarter of Wage and Tax statements file of the calendary was mares? 1c. Enter the number of employees reported on form W-3, Transmarter of Wage and Tax statements file of the calendary are rading with or within the year covered by this fact teast one is reported on line 2a, did the organization file all required federal employment has returne? 2c. Note: If the sum of lines 1a and 2a is greater than 2SO, you may be required to e-the (see instructions) 3d the organization have unrelated business gross income of \$1,000 or more during the "17%" or "18%" or "18%	Either the number reported in Dox 3 of Form 1996. Enter -0 - I not applicable 1

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			l
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		No
h	taxable entity during the year?	104		INU
J	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			<u> </u>
17				
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Vpon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization Michael D Calhoun 302 W Main Street

Durham, NC 27701 (919) 313-8500

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee											
(A) Name and Title	(B) Average hours per week (describe	unles: an	on (d e thai	n one son er aı	e bo: is bo nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and related organizations	
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)		
(1) Martin Eakes	20 00	×		х				0	65,248	29,187	
Secretary/CEO (2) Julian Bond Chair	1 00	х						0	0	0	
(3) Wade Henderson Director	1 00	x						0	0	0	
(4) Bonnie Howard Director	1 00	х						0	0	0	
(5) Don Kidd Director	1 00	х						0	0	0	
(6) Nicolas Retsinas	1 00	х						0	0	0	
Director (7) Ira Rheingold Director	1 00	х						0	0	0	
(8) Shanna L Smith Director	1 00	х						0	0	0	
(9) Robin Talbert Director	1 00	х						0	0	0	
(10) Michael Calhoun President	40 00			х				0	92,988	15,613	
(11) Randy Chambers Treasurer	1 00			х				0	64,162	30,813	
(12) Sarah Ludwig Director	1 00	х						0	0	0	
Director											

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per week (describe	unles an	on (d e thai	n one son er ai	e bo ıs b nd a	x, oth		Rep comp fro organi:	(D) portable pensation om the zation (W-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)		(F) Estima amount o compens from	ated If other sation the ion and
		hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		relat organiza	
												+		
1b					•	•		*						
d	Total from continuation sheets to Total (add lines 1b and 1c).			• •	<u>.</u>			•			222,39	98		75,613
2	Total number of individuals (inclusive \$100,000 of reportable compens					ted	above) who	o receive	ed more tha	n			
													Yes	No
3	Did the organization list any forr on line 1a? <i>If</i> "Yes," complete Sch	edule J for such	ındıvıdı	ual .	•	•	•	•				3		No
4	For any individual listed on line 1 organization and related organization and related organization.											4		No
5	Did any person listed on line 1a services rendered to the organiz								-	-	or individual for	5		No
Se	ction B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio												
	Nan	(A) ne and business add	dress							Desc	(B) ription of services		(C Comper	
Wash	Rhode Island NW Suite 710 ngton, DC 20036									Admınıstratıv				186,759
101 C	coyoc Associates Inc onstitution Ave NW Ste 600 Wes ngton, DC 20001									Contract Lob	bying			119,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►2

Part V		Statement of Revenue	-	-			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
\$ \$	1a	Federated campaigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership dues 1b					
	c	Fundraising events 1c					
£≝	d	Related organizations 1d					
 Ω.Ξ	l e	Government grants (contributions) 1e					
統	f	All other contributions, gifts, grants, and 1f	7,813,781				
重量	'	sımılar amounts not ıncluded above					
윤등	g	Noncash contributions included in 894					
<u> </u>	h	lines 1a-1f \$	▶	7,813,781			
O a		Total. Add filles 1a-11		,,010,101			
<u>e</u>	_		Business Code				
Program Serwce Revenue	2a	Research and Technical Assistance Contracts	541900	7,500	7,500		
æ	ь	Litigation Services	541100	66,000	66,000		
Ce l	c						
₽	d						
ð E	e						
듄	f	All other program service revenue					
န ွိ	•	State program service revenue					
<u></u>	g	Total. Add lines 2a-2f	▶	73,500			
	3	Investment income (including dividend					
		and other similar amounts)		11,471			11,471
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
	_	(ı) Real	(II) Personal				
	6a	Gross rents Less rental					
	В	expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)	🕨				
		(ı) Securities	(II) Other				
	7a	Gross amount from sales of					
		assets other					
	ь	than inventory Less cost or					
		other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising					
ě		events (not including					
Other Revenue		\$ of contributions reported on line 1c)					
ě		See Part IV, line 18					
<u>.</u>		a					
ŧ	ь	Less direct expenses b	<u>.</u>				
0	C	Net income or (loss) from fundraising (events 🟲				
	9a	Gross income from gaming activities See Part IV, line 19					
		see Part IV, line 19					
	ь	Less direct expenses b					
	_ c	Net income or (loss) from gaming activ	vities				
	10a	Gross sales of inventory, less	ļ				
		returns and allowances .					
	_	a					
	Ь	Less cost of goods sold b					
	С	Net income or (loss) from sales of inve					
	4.	Miscellaneous Revenue	Business Code 900099	2 442	2 442		
	11a	Sales tax refunds		3,443	3,443		
	Ь	Miscellaneous Income	900099	4,555	4,555		
	C						
	d	All other revenue					
	e	Total. Add lines 11a-11d		7,998			
	12	Total rovenue Cos Instructions	_				
	12	Total revenue. See Instructions	•	7,906,750	81,498		11,471

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

(B)

	ot include amounts reported on lines 6b,	(A)	(B)	(c)	(D)
	p, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,125,002	1,125,002		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	0			_
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
a	Management	0			
ь	Legal	0			
С	Accounting	7,500		7,500	
d	Lobbying	219,752	219,752		
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	0			
g	Other	228,198	226,510	1,316	372
12	Advertising and promotion	0			
13	Office expenses	141,459	116,206	14,836	10,417
14	Information technology	0			
15	Royalties	0			
16	Occupancy	798,821	636,872	126,214	35,735
17	Travel	307,674	289,646	11,675	6,353
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	34,840	34,134	404	302
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,763	3,685	840	238
23	Insurance	3,726	3,726		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	Information Data Expenses	420,776	420,569	161	46
b	Ally Support/Advocacy Expenses	267,530	266,537	653	340
С	Staffing Reimbursement to SHSC EIN 56-1849615	4,547,547	3,553,258	777,074	217,215
d e	Hiring Recruiting	23,483	19,963	2,614	906
f	All other expenses	3,354	2,264	518	572
25	Total functional expenses. Add lines 1 through 24f	8,134,425	6,918,124	943,805	272,496
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
				Εc	rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 1 1.817.606 2 3.260.801 2 3 930,250 2,219,384 3 671 4 3.702 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 8 9 59.306 9 65,389 Prepaid expenses and deferred charges 121,416 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 114,854 b Less accumulated depreciation 11,325 10c 6,562 8,439 8,032 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 59,634 84,634 15 15 4,330,426 4,205,309 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 16 188,004 290,562 17 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 D 26 188,004 26 290,562 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 1,147,180 27 2,750,649 Unrestricted net assets 2.995.242 28 1,164,098 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 4,142,422 33 3,914,747 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 4.330.426 34 4.205.309

Pal	Check if Schedule O contains a response to any question in this Part XI			- [
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,9	906,75
2	Total expenses (must equal Part IX, column (A), line 25)	2			134,42
3	Revenue less expenses Subtract line 2 from line 1	3		-2	227,67
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4,1	142,42
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		3,9	914,74
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	•	•	୮	
		-		Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O	٠	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	▼ Separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re	quired	3b		

Employer identification number

Provide the following information about the supported organization(s)

SCHEDULE A (Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public
Inspection

Center for Responsible Lending 74-3043913 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III - Other ▼ Type I Type II **c** Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) Νo (ii) a family member of a person described in (i) above? 11g(ii) Νo (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Νo

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?	
		instructions))	Yes	No	Yes	No	Yes	No		
(A) Ctr for Com Self-Help	561271685	7	Yes		Yes		Yes		0	
Total										

	Support Schedule (Complete only if yo						
	under Part III. If the						
S	ection A. Public Support	g			дологи, р		
	endar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 201	11 (f) Total
1	in) Gifts, grants, contributions, and		+ ` ′	+ ` '	' '	` '	
1	membership fees received (Do not	.					
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge	P					
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included o	n					
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from	n					
	line 4 ection B. Total Support						
	endar year (or fiscal year beginning	(-) 2007	(h) 2000	(-) 2000	(4) 2010	(-) 201	1 (5) Tabal
	ın)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 201	.1 (f) Total
7	A mounts from line 4						
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activit	ies, etc (See ins	tructions)			12	
13	First Five Years If the Form 990 is	for the organizat	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3)	
	check this box and stop here						► □
S	ection C. Computation of Pu	blic Support F	Percentage				
14	Public Support Percentage for 201	1 (line 6 column	(f) dıvıded by lıne	11 column (f))		14	0 %
15	Public Support Percentage for 201	0 Schedule A, Pa	ırt II, lıne 14			15	
16a	33 1/3% support test—2011. If the				line 14 is 33 1/3%	∕or more, o	
h	and stop here. The organization qu 33 1/3% support test—2010. If the				6a and line 15 ic	33 1/20% or	more check this
b	box and stop here. The organization				oa, and fine 13 is	33 1/370 UI	Iniore, check this
17a	10%-facts-and-circumstances test	—2011. If the org	anızatıon dıd not	check a box on lı			4
	is 10% or more, and if the organiza						
	in Part IV how the organization me organization	ets the "facts and	a circumstances"	test The organiz	zation qualifies as	a publicly s	supported F
b	10%-facts-and-circumstances test	—2010. If the ord	anızatıon dıd not	check a box on li	ne 13, 16a. 16b.	or 17a and	•
	15 is 10% or more, and if the orga	nızatıon meets th	e "facts and circi	ımstances" test,	check this box ar	nd stop here	: .
	Explain in Part IV how the organiza	ation meets the "i	acts and circums	tances" test The	e organızatıon qua	ılıfıes as a p	
18	supported organization Private Foundation If the organization	tion did not check	a box on line 13	. 16a. 16b. 17a o	or 17b, check this	box and se	▶ □
	instructions	a.a not eneer		,,	, chock tills	35 unu 50	ັ

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Section D. Computation of Investment Income Percentage

L 5	Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
L6	Public support percentage from 2010 Schedule A, Part III, line 15	16	
_			

17 Investment income percentag	e for 2011 (line 10c co	lumn (f) divided by !	line 13 column (f))
--------------------------------	--------------------------------	-----------------------	---------------------

18 Investment income percentage from 2010 Schedule A, Part III, line 17

17	0 %
18	

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization **⊳**[

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493228031712

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Political Campaign and Lobbying Activities

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

the Se Se	ction 501(c)(3) organizations that ction 501(c)(3) organizations that	e Part FA only s," to Form 990, Part IV, Line 4, or thave filed Form 5768 (election under s thave NOT filed Form 5768 (election ur s," to Form 990, Part IV, Line 5 (Pro	section 501(h)) Co nder section 501(h	omplete Part II-A Do not (a)) Complete Part II-B Do	complete o not con	Part II-B nplete Part	
Se	ction 501(c)(4), (5), or (6) organi	zations Complete Part III					
	me of the organization iter for Responsible Lending			Employerıd	lentificat	ion numbe	er:
CCI	ner for Kesponsible Lending			74-304391	L 3		
ar	t I-A Complete if the or	ganization is exempt under s	section 501(c)	or is a section 52	27 orga	nizatio	n.
L	Provide a description of the orgin opposition to candidates for	ganization's direct and indirect politic public office in Part IV	al campaign activ	rities on behalf of or			
2	Political expenditures			▶	\$		
3	Volunteer hours						
ar	<u> </u>	<u>ganization is exempt under s</u>)(3).			
L	Enter the amount of any excise	e tax incurred by the organization und	er section 4955	•	\$		
2	Enter the amount of any excise	e tax incurred by organization manage	ers under section	4955 ►	\$		
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	O for this year?			☐ Yes	┌ No
1 a	Was a correction made?					☐ Yes	┌ No
b	If "Yes," describe in Part IV						
ar	t I-C Complete if the or	ganization is exempt under s	section 501(c	except section 5	01(c)(3).	
L	Enter the amount directly expe	ended by the filing organization for sec	tion 527 exempt	function activities 🕨	\$		
2		rganızatıon's funds contributed to oth	ner organizations 1	for section 527			
	exempt funtion activities			•	\$		
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	nd on Form 1120	-POL, line 17b	\$		
4	Did the filing organization file F	Form 1120-POL for this year?				┌ Yes	┌ No
5	organization made payments f amount of political contribution	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and di political action committee (PAC) If a	amount paid from rectly delivered to	n the filing organization o a separate political or	's funds ·ganızatıo	Also ente on, such a	rthe
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from	n (e)	A mount of	f political

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-

section 4911 tax for this year?

┌ Yes ┌ No

		. 49
Part II-A	Complete if the organization is exempt under section $501(c)(3)$ and filed Form 5768 (ϵ	election
	under section 501(h)).	

Α .	Check	<u> </u>	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,
			expenses, and share of excess lobbying expenditures) 🕏

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)	55,246	61,483
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	388,324	452,101
С	Total lobbying expenditures (add lines 1a and 1	b)	443,570	513,584
d	Other exempt purpose expenditures		7,690,855	78,499,918
е	Total exempt purpose expenditures (add lines 1	c and 1d)	8,134,425	79,013,502
f	Lobbying nontaxable amount Enter the amount to	from the following table in both	556,721	1,000,000
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	139,180	250,000
h	Subtract line 1g from line 1a If zero or less, ent	er-0-		
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -		

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total			
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000			
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000			
c	Total lobbying expenditures	884,145	689,096	569,238	513,584	2,656,063			
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000			
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000			
f	Grassroots lobbying expenditures	27,160	49,284		61,483	155,777			

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

			1)	(b)	
		Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes". 1 Dues, assessments and similar amounts from members

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
C	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
II-A		Affiliated group members 1 Center for Community Self-Help, 301 W Main Street, Durham, NC, 27701, EIN 56-1271685, Direct lobbying expenses 51,194, Grassroots lobbying expenses 144 2 Self-Help Ventures Fund, 301 W Main Street, Durham, NC 27701, EIN 58-1562750, Direct lobbying expenses 12,583, Grassroots lobbying expenses 6,093 3 Self-Help Community Development Corporation, 301 W Main Street, Durham, NC 27701, EIN 56-1975829, Direct lobbying expenses 0, Grassroots lobbying expenses 0 4 Self-Help Services Corporation, 301 W Main Street, Durham, NC 27701, EIN 56-1849615, Direct lobbying expenses 0, Grassroots lobbying expenses 0, Grassroots lobbying expenses, 0
II-A		5 Self-Help Assistance Corporation, 301 W Main Street, Durham, NC 27701, EIN 56-1923620, Direct lobbying expenses 0 Grassroots lobbying expenses 0 Of these group members, Center for Community Self-Help and the filing organization, Center for Responsible Lending, have made the election under section 501h

DLN: 93493228031712

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

enter for l	Responsible Lending			•		
				3043913		
Part I	Organizations Maintaining Donor A organization answered "Yes" to Form 99		unds	or Accounts	s. Complete	e if the
		(a) Donor advised funds		(b) Funds and	other accoun	ts
Total	I number at end of year					
Aggr	egate contributions to (during year)					
Aggr	egate grants from (during year)					
Aggr	egate value at end of year					
	the organization inform all donors and donor adv s are the organization's property, subject to the		or adv	ısed	☐ Yes	┌ No
used	the organization inform all grantees, donors, and I only for charitable purposes and not for the ber erring impermissible private benefit				┌ Yes	┌ No
art II	Conservation Easements. Complete	ıf the organization answered "Yes" t	o Forr	m 990, Part I	V, line 7.	
	ose(s) of conservation easements held by the o Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space plete lines 2a-2d if the organization held a qual	on or pleasure) Preservation of an Preservation of a	certifie	d historic struc	•	
ease	ment on the last day of the tax year					
				Held at the	End of the	<u> Year</u>
Tota	I number of conservation easements		2a			
	I acreage restricted by conservation easements		2b			
Num	ber of conservation easements on a certified his	storic structure included in (a)	2c			
Num	ber of conservation easements included in (c) a	cquired after 8/17/06	2d			
	ber of conservation easements modified, transf axable year ►	erred, released, extinguished, or terminate	ed by th	he organızatıon	during	
Num	ber of states where property subject to conserv	ation easement is located 🗠				
	s the organization have a written policy regardin rcement of the conservation easements it holds		dling of	f violations, an	☐ Yes	┌ No
Staff	and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easem	nents d	luring the vear	.	
	unt of expenses incurred in monitoring, inspect	·				
► \$	and or expenses meaned in memoring, inspect	mg, and emotioning constant action casement		g circ you.		
Does	s each conservation easement reported on line (h)(4)(B)(i)?	2(d) above satisfy the requirements of sec	tion		┌ Yes	┌ No
balar	art XIV, describe how the organization reports on nce sheet, and include, if applicable, the text of organization's accounting for conservation ease	the footnote to the organization's financia				
rt III	Organizations Maintaining Collection Complete if the organization answered		or Ot	her Similar	Assets.	
art, h	e organization elected, as permitted under SFAS nistorical treasures, or other similar assets held ide, in Part XIV, the text of the footnote to its fil	5 116, not to report in its revenue stateme I for public exhibition, education or resear	ch ın fu			ı
histo	e organization elected, as permitted under SFAS orical treasures, or other similar assets held for ide the following amounts relating to these item	public exhibition, education, or research i				
(i) _R	evenues included in Form 990, Part VIII, line 1	L		► \$		
(ii) ∆	Assets included in Form 990, Part X					
Ifthe	e organization received or held works of art, hist wing amounts required to be reported under SFA		or finan			
	enues included in Form 990, Part VIII, line 1	-		▶ \$		
Reve						

b Assets included in Form 990, Part X

Part	311 Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Ti</u>	<u>reasur</u>	es, or C	ther	Similar As	sets	(conti	nued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne fol	lowing	that are	a significa	ant us	se of its collec	tion		
а	Public exhibition		d	Γ	Loan	or excha	ange prog	rams				
ь	Scholarly research		e	Γ	Othe	r						
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain hov	w the	v furthe	er the or	ganization	ı's exi	emnt nurnose	ın		
•	Part XIV											
5	During the year, did the organization solicition assets to be sold to raise funds rather than t								ılar	┌ Ye	, r	No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Compl	ete ıf	the	organ	ızatıon			es" to Form	<u> </u>	- 1	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						other ass	ets n	ot	┌ Ye	s 「	No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	/ıng t	able		_					
							-		Aı	nount		
C	Beginning balance							1c				
d	Additions during the year						L	1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lın	e 21?							┌ Ye	s 🔽	No
b	If "Yes," explain the arrangement in Part XIV	/										
Pai	rt V Endowment Funds. Complete											
	Danish a faranchalana	(a)Current Year	(b))Prior	Year	(c)Two	Years Back	(d)⊺ 	hree Years Back	(e) Fo	ur Years	Back
1a	Beginning of year balance							+				
Ь	Contributions							+				
с	Investment earnings or losses							+				
d	Grants or scholarships							+				
е	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as					-				
a	Board designated or quasi-endowment											
b	Permanent endowment ►											
c 3a	Term endowment ► Are there endowment funds not in the posse	ssion of the organiz	ation	that a	are hel	d and ad	ministere	d for t	·he			
-	organization by	solon of the organiz		ciiac (110 1101	a ana aa		u 101 (Y	es l	No OF
	(i) unrelated organizations								За	(i)		
	(ii) related organizations								3a	(ii)		
	If "Yes" to 3a(II), are the related organizatio							•	3	b		
4	Describe in Part XIV the intended uses of th					10						
	A VE. Tanad Desilations and Engineer											
Par	t VI Land, Buildings, and Equipme	ent. See Form 95	70, гс									
Par	t VI Land, Buildings, and Equipme	ent. See Form 95	70, FE	(a) Cost	or other estment)	(b)Cost or basis (ot		(c) Accumulat depreciation		d) Book	value
				(a) Cost	or other					d) Book	value
1a	Description of property			(a) Cost	or other					d) Book	value
1a b	Description of property			(a) Cost	or other	basis (ot		depreciation		d) Book	value
1a b c	Description of property Land			(a) Cost	or other	basis (ot	her)	depreciation	1	d) Book	6,562
1a b c d	Description of property Land			(a) Cost	or other	basis (ot	her)	depreciation 21 85	,665	d) Book	

Pari VIII Investments—Other Securities. See	Form 990, Part X, line 1.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(5)200. Talab	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
		12
Part VIII Investments—Program Related. See	Porm 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	-	Cost or end-or-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	25.)	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
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1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	

2011	XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,906,750
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,134,425
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-227,675
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10		10	-227,675
	Excess or (deficit) for the year per financial statements Combine lines 3 and 9 XII Reconciliation of Revenue per Audited Financial Statements With Revenue Per		·
<u> C-111.</u> 1	Total revenue, gains, and other support per audited financial statements	1	7,906,750
<u>-</u> 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		7,500,750
² a	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
u e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	7,906,750
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	,	7,900,730
	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
a			
b	2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	40	
С -	Add lines 4a and 4b	4c 5	7.006.750
5 Dart	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	_	7,906,750
1	Total expenses and losses per audited financial	 	8,134,425
	statements	1	0,131,123
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	8,134,425
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b	1	
c	Add lines 4a and 4b	4c	
_	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	8,134,425
5			

Identifier	Return Reference	Explanation
X		CRL has determined that all tax positions taken for the current year ended December 31, 2011 and all years open under the statue of limitation are highly certain Therefore, CRL has determined that no unrecognized tax liability exists

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

(Form 990)

Department of the Treasury

Schedule I

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

OMB No 1545-0047

DLN: 93493228031712

Inspection

Internal Revenue Service Name of the organization Employer identification number Center for Responsible Lending 74-3043913 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 12

(a)Type of grant or assistance

(b) Number of

(f)Description of non-cash assistance

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(c)A mount of

agreements

(d)A mount of

(e)Method of valuation

which grant funds are expended or contracts with an ally organization that supervises the use of grant funds. Grantees are required to provide documentation demonstrating that funds have been expended consistent with the purpose of the grant

(а) гуре	or grant or assistance	recipients	cash grant	non-cash assistance	(book, FMV, appraisal, other)	(1)Description of hon-cash assistance			
Part IV	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.								
Identifier	Return Referen	ice Ex	planation						
I	The organization makes grants only under very limited circumstances where it maintains close supervision of the manner in								

 Software ID:
 11000218

 Software Version:
 2011.0.0

 EIN:
 74-3043913

Name: Center for Responsible Lending

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United Sta							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Legal Services PA1424 Chestnut St Philadelphia, PA 19102	23- 1671562	501c3	100,000				Support Legal Work
Columbia Legal Services101 Yesier Way 300 Seattle,WA 98104	91- 0974503	501c3	90,000				Support Legal Work
Financial Protection Law CenterPO Box 390 Wilmington, NC 28402	56- 2262315	501c3	275,000				Support Legal Work
Iowa Legal Aıd1111 9th St 230 Des Moines, IA 50314	42- 1079227	501c3	83,334				Support Legal Work
Legal Aıd Center800 S 8th St Las Vegas, NV 89101	88- 0072562	501c3	83,334				Support Legal Work
Legal Services for NYC - Staten Island Legal Services Defense Project350 Broadway 6th FL New York, NY 10013	13- 2600199	501c3	67,500				Support Legal Work
Legal Services of Eastern Missouri 4232 Forest Park Ave St Louis, MO 63108	43- 0816805	501c3	83,334				Support Legal Work
Legal Services of South Central Michigan420 N Fourth Ave Ann Arbor, MI 48104	38- 1845444	501c3	90,000				Support Legal Work
Neighborhood Legal Services37 Friend St Third FL Lynn,MA 01902	04- 2430192	501c3	90,000				Support Legal Work
Pine Tree Legal Assistance88 Federal St PO Box 547 Portland, ME 04112	01- 0279387	501c3	50,000				Support Legal Work
Roddy Klein & Ryan 727 Atlantic Avenue 2nd Floor Boston,MA 02111	04- 3250151		25,000				Support Legal Work
Texas Rio Grande 300 South Texas Blvd Weslaco,TX 78596	74- 1675230	501c3	100,000				Support Legal Work
US PIRG218 D Street SE 1st Floor Washington, DC 20003	04- 2790740	501c3	21,000				Support Legal Work

OMB No 1545-0047

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Identifier

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Explanation

Open to Public Inspection

Name of the organization Center for Responsible Lending

Return

Employer identification number

74-3043913

	Reference	
Form 990 Part VI	11b	The Form 990 is prepared by staff accountants. The Chief Financial Officer, the Controller, and in-house counsel review multiple drafts and verify all answers before the form is provided to the Chief Executive Officer and board of directors for further review and comment prior to submission.
Form 990 Part VI	12c	The organizations Conflict of Interest Policy covers its officers, directors or trustees, all employees of the organization or any related organization, and family members of persons in these categories. All covered persons are required under the policy to disclose actual or potential conflicts as soon as they arise and to confirm on an annual basis that there are no existing conflicts of interest. Persons with actual conflicts are prohibited from participating in any decisions relevant to the situation where the conflict exists. Most conflicts are clearly delineated by the policy situations that are not so clear-cut are reviewed by in-house counsel, CEO, or the Board, as appropriate
Form 990 Part VI	15b	The organization pays its highest paid workers including the CEO, top management officials and other officers, in accordance with a salary ceiling that is confirmed annually by the board, and was last confirmed in April 2011. This ceiling is subject to adjustment for increased costs of living associated with the geographical areas in which workers are working, but is well below the average market salary for workers with comparable levels of expertise and experience.
Form 990 Part VI	19	No documents available to the public
Form 990 Part VII	1a	No director or officer receives compensation for his or her work as a director, officer or trustee instead, the amounts listed in columns EF are compensation paid to full-time 40 hours per week employees of the related organization, Self-Help Services Corporation, which serves as the employer for all of the filing organizations workers
		Form 990 Part VI Section A, Line 11b The Form 990 is prepared by staff accountants. The Chief Financial Officer, the Controller, and in-house counsel review multiple drafts and verify all answers before the form is provided to the Chief Executive Officer and board of directors for further review and comment prior to submission. Form 990 Part VI Section B, Line 12c The organizations Conflict of Interest Policy covers its officers, directors or trustees, all employees of the organization or any related organization, and family members of persons in these categories. All covered persons are required under the policy to disclose actual or potential conflicts as soon as they arise and to confirm on an annual basis that there are no existing conflicts of interest. Persons with actual conflicts are prohibited from participating in any decisions relevant to the situation where the conflict exists. Most conflicts are clearly delineated by the policy situations that are not so clear-cut are reviewed by in-house counsel, CEO, or the Board, as appropriate. Form 990 Part VI Section B, Line 15b The organization pays its highest paid workers including the CEO, top management officials and other officers, in accordance with a salary ceiling that is confirmed annually by the board, and was last confirmed in April 2011. This ceiling is subject to adjustment for increased costs of living associated with the geographical areas in which workers are working, but is well below the average market salary for workers with comparable levels of expertise and experience. Form 990 Part VI Section C, Line 19 No documents available to the public. Form 990 Part VII Section A, Line 1a No director or officer receives compensation for his or her work as a director, officer or trustee instead, the amounts listed in columns E.F. are compensation paid to full-time 40 hours per week employees of the related organization, Self-Help Services Corporation, which serves as the employer for all of the filing organizations workers.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493228031712 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** Center for Responsible Lending 74-3043913 Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

	<u> </u>			<u> </u>			
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	izations (Complete the tax year.)	ıf the organızatıon	answered "Yes"	on Form 990, P	art IV, line 34 becaus	se it had	one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3)			g) 512(b)(13 rolled nization
						Yes	No
See Additional Data Table							

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line	e 34
	because it had one or more related organizations treated as a partnership during the tax year.)	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	, ·	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h Disprop allocat	rtionate			ral or aging ner?	(k) Percentage ownership
							Yes	No		Yes	No	
												i

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Рптагу activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership

(6)

Pa	rt V	Transactions With Related Organizations (Complete if the organization answered "Yes	s" on Form 990, Par	t IV, line 34, 35, 3	5A, or 36.)			
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No	
1 D	uring th	e tax year, did the orgranization engage in any of the following transactions with one or more related orgai	nizations listed in Parts	s II-IV?				
а	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity							
b	b Gift, grant, or capital contribution to related organization(s)							
c	c Gift, grant, or capital contribution from related organization(s)							
d	Loans	or loan guarantees to or for related organization(s)			1d		No	
e	Loans	or loan guarantees by related organization(s)			1 e	1	No	
f	Sale	fassets to related organization(s)			1f		No	
g	Purch	ase of assets from related organization(s)			1 g		No	
h	Excha	nge of assets with related organization(s)			1h	ı	No	
i	Lease	of facilities, equipment, or other assets to related organization(s)			1i		No	
j	j Lease of facilities, equipment, or other assets from related organization(s)							
k	k Performance of services or membership or fundraising solicitations for related organization(s)							
I	l Performance of services or membership or fundraising solicitations by related organization(s)							
m	m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
n	n Sharing of paid employees with related organization(s)							
0	Reimb	ursement paid to related organization(s) for expenses			10	Yes		
р	Reimb	ursement paid by related organization(s) for expenses			1p	Yes		
q	O ther	transfer of cash or property to related organization(s)			19		No	
r	O ther	transfer of cash or property from related organization(s)			1r		No	
2	Ifthe	inswer to any of the above is "Yes," see the instructions for information on who must complete this line, ii	ncluding covered relati	onships and transact	ion thresholds			
		(a)	(b) Transaction	(c)	(d) Method of determ	ining am	ount	
		Name of other organization	type(a-r)	Amount involved	involve		iount	
(1) (2)								
(2)								
(3)								
(5)								
(4)								
- ·								
(5)								

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	(f) Share of total income	Share of end-of-year amount 20 of School (Form		(h) Disproprtionate allocations?		n box managing ule K-1 partner?		(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Software ID: 11000218
Software Version: 2011.0.0

EIN: 74-3043913

Name: Center for Responsible Lending

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Form 990, Schedule R, Part II - 1	aciitiii catioii oi	Related 142	c Exempt orga			
(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization
Center for Community Self-Help 301 W Main Street Durham, NC 27701	Economic Development	NC	501c3	7	N/A	No
56-1271685 Self-Help Community Development Corporation 301 W Main Street Durham, NC 27701 56-1975829	Affordable Housing	NC	501c3	11-1	CCSH (Org #1)	No
Self-Help Credit Union 301 W Main Street Durham, NC 27701 56-1382971	Economic Development	NC	501c14	N/A	N/A	No
Self-Help Services Corporation 301 W Main Street Durham, NC 27701 56-1849615	Staffing Services	NC	501c3	11-1	CCSH (Org #1)	No
Self-Help Ventures Fund 301 W Main Street Durham, NC 27701 58-1562750	C haritable Lending	NC	501c3	11-1	CCSH (Org #1)	No
Self-Help Assistance Corporation 301 W Main Street Durham, NC 27701 56-1923620	Economic Development	NC	501c3	11-1	CCSH (Org #1)	No
Self-Help Federal Credit Union 301 W Main Street Durham, NC 27701 26-3016612	Economic Development	NC	501c1	N/A	N/A	No
Self-Help Economic Development Inc 1330 Broadway Street Suite 604 Oakland, CA 94612 20-5330006	Charitable Activities	СА	501c3	7	N/A	No

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TY 2011 Affiliated Group Schedule

Name: Center for Responsible Lending

EIN: 74-3043913

Software ID: Software Version:	
Affiliated Group Business Name:	Center for Responsible Lending
Address. Either US or Foreign Type:	302 W Main Street Durham, NC 277013227
EIN: Electing Organization Checkbox:	74-3043913
Total Grassroots Lobbying:	55,246
Total Direct Lobbying:	388,324
Total Lobbying Expenditures: Other Exempt Purpose	443,570 7,690,855
Expenditures: Total Exempt Purpose	8,134,425
Expenditures:	
Lobbying Nontaxable Amount: Grassroots Nontaxable Amount:	102,950 25,738
Tot Lobbying Grassroot Minus Non Tx:	29,508
Tot Lobby Expend Mns Lobbying	340,620
Non Tx: Share Of Excess Lobbying:	0
Affiliated Group Business Name:	Center for Community Self-Help
Address. Either US or Foreign	301 W Main Street
Type: EIN:	Durham, NC 277013227 56-1271685
Electing Organization Checkbox:	50-12/1685
Total Grassroots Lobbying:	144
Total Direct Lobbying: Total Lobbying Expenditures:	51,194 51,338
Other Exempt Purpose Expenditures:	8,077,000
Total Exempt Purpose	8,128,338
Expenditures: Lobbying Nontaxable Amount:	102,873
Grassroots Nontaxable Amount:	25,718
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	Self-Help Community Development Corporation
Address. Either US or Foreign	301 W Main Street
Type: EIN:	Durham, NC 277013227 56-1975829
Electing Organization Checkbox:	Г
Total Grassroots Lobbying: Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	1,908,237
Total Exempt Purpose Expenditures:	1,908,237
Lobbying Nontaxable Amount:	24,151
Grassroots Nontaxable Amount: Tot Lobbying Grassroot Minus Non	6,038 0
Tx: Tot Lobby Expend Mns Lobbying	0
Non Tx: Share Of Excess Lobbying:	0
Affiliated Group Business Name:	Self-Help Ventures Fund
	204 W Maya Chuach
Address. Either US or Foreign Type:	301 W Main Street Durham, NC 277013227
EIN: Electing Organization Checkbox:	58-1562750 —
Total Grassroots Lobbying:	6,093
Total Direct Lobbying: Total Lobbying Expenditures:	12,583 18,676
Other Exempt Purpose Expenditures:	45,553,753
Total Exempt Purpose	45,572,429
Expenditures: Lobbying Nontaxable Amount:	576,768
Grassroots Nontaxable Amount:	144,192 0
Tot Lobbying Grassroot Minus Non Tx:	
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	Self-Help Services Corporation
Address. Either US or Foreign Type:	301 W Main Street Durham, NC 277013227
EIN:	56-1549615
Electing Organization Checkbox: Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures: Other Exempt Purpose	0 15,270,073
Expenditures:	
Total Exempt Purpose Expenditures:	15,270,073
Lobbying Nontaxable Amount: Grassroots Nontaxable Amount:	193,259 48,315
Tot Lobbying Grassroot Minus Non	0
Tx: Tot Lobby Expend Mns Lobbying	0
Non Tx: Share Of Excess Lobbying:	0
Share of Excess Loppying:	

Additional Data

Software ID: 11000218

Software Version: 2011.0.0

EIN: 74-3043913

Name: Center for Responsible Lending

Form 990, Special Condition Description:

Special Condition Description